



MARION COUNTY SHERIFF'S OFFICE
Operational Support Bureau, Juvenile Division
Explorer Post 564



Deputy Explorer
Post 564
Application



MARION COUNTY SHERIFF'S OFFICE
Operational Support Bureau, Juvenile Division
Explorer Post 564

MARION COUNTY CODE OF ETHICS

As a Deputy Explorer of the Marion County Sheriff's Office, I recognize that I am given a special trust and confidence by the citizens I serve. This trust and confidence is my bond to ensure that I shall behave and act according to the highest personal and professional principles. In furtherance of this pledge, I will abide by the following Code of Ethics.

I shall, in the performance of my duties, enforce and administer the law according to the principles of the United States Constitution, the Florida Constitution, and the applicable laws of the State of Florida and County of Marion, so that equal protection of the law and due process are guaranteed to everyone. To that end, I shall not permit personal opinions, bias, prejudice, or consideration of the status of others to alter or lessen these principles.

I fully recognize my fundamental duty to serve mankind; to safeguard lives and property, to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the constitutional rights of all people to liberty, equality, and justice.

I shall abide by the standards of behavior set by the Marion County Sheriff's Office, consistent with the responsibilities, duties, obligations, and functions of my appointment or my employment.

I shall not engage in nor condone brutal, cruel, or inhumane treatment of others, nor shall I employ unnecessary force in the performance of my duties.

I shall adhere at all times to the standards and principles of honesty and integrity, and I shall keep my private life unsullied as an example to all.

I shall not use the Office of Sheriff nor my employment for personal gain or Self-aggrandizement, and in all things well and truly behave myself according to the best of my skill and power.

I accept and will adhere to this Code of Ethics. In doing so, I also accept responsibility for encouraging others under my influence to abide by this Code.

Signature _____

Date ____/____/____



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MARION COUNTY EXPLORER
MINIMUM PROGRAM REQUIREMENTS:

- Between the ages of 14-20
- Minimum GPA of 2.0
- Successful Completion of Background Check
- Upstanding moral character
- Favorable references

STATEMENT OF COMPLIANCE WITH FLORIDA STATUTE 119.071(5)(a)2

To Whom It May Concern:

Your social security number has been collected by the Marion County Sheriff's Office as it is imperative for the performance of the Marion County Sheriff's Office's duties and responsibilities as prescribed by law. This information may be used by the Marion County Sheriff's Office in accessing your criminal history records, creating/adding arrest history to existing criminal history records, and/or verification of identity.



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**MARION COUNTY SHERIFF'S OFFICE EXPLORER
 PROGRAM APPLICATION**

APPLICANT INFORMATION

Name:		
Name you prefer:		Home phone:
Date of birth:	SSN:	Cell phone:
Home address:		
Mailing address:		
City:	State:	ZIP Code:
School:	Grade:	Current GPA:
Driver's License Number:		
Employer (If employed after school):		Phone:

FATHER'S INFORMATION

Father's Name:		
Address:		How long lived at address:
City:	State:	Zip Code:
DOB:	Phone:	E-Mail:
Employer:		

MOTHER'S INFORMATION

Mother's Name:		
Address:		How long lived at address:
City:	State:	ZIP Code:
DOB:	Phone:	E-Mail:
Employer:		



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FUTURE AMBITIONS	Y	N
1) Do you plan on attending college?		
2) Do you plan on having a career in law enforcement?		
3) Have you ever been arrested / detained by law enforcement?		
4) Have you ever experimented with illegal drugs?		
5) Do you plan on going into the military?		
6) Do you have excessive absents / tardies?		
7) Have you ever received a traffic citation?		
8) Have you ever been listed in a police report? If yes, case number and agency name.		
9) Can you provide the most recent report card / Unofficial transcript? If yes, please attach		

QUESTIONS 3, 4 AND 6-8 IF YES EXPLAIN



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STEP PARENT / LEGAL GUARDIAN

BROTHERS/SISTERS LIVING IN YOUR HOME

NAME:	DOB
NAME:	DOB
NAME:	DOB
NAME:	DOB
NAME:	DOB
NAME:	DOB
NAME:	DOB

MIN. 3 ADULT REFERENCES WHO AREN'T RELATED

NAME:	ADDRESS:	PHONE:



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SIGNATURES

I authorize the verification of the information provided on this form as to my status as a MCSO Explorer. I have received a copy of this application, and understand that any false information is grounds for termination before or after approval.

Applicant is fully aware and understands that this application is only the first step in being considered for voluntary participation into the Marion County Sheriff's Office Explorer Program. Applicant understands that he/she must also successfully complete an oral board interview to be accepted into the Explorer Program.

As a member of the Marion County Sheriff's Office Deputy Explorer Program, the Explorer is required to abide by the rules and regulations of the unit which will be provided to the Explorer by the Sheriff's Office. The Explorer is required to abide by the Marion County Sheriff's Office's procedural general orders just as any other member of the Sheriff's Office.

A uniform and other necessary equipment is provided to the Explorer by the Sheriff's Office, remains the property of the Sheriff's Office, and are to be returned to the Sheriff's Office upon resignation, or upon demand by the Sheriff or one of his deputies.

Any violation of the above could result in termination from the program or other appropriate disciplinary action.

Signature of Applicant:	Date:
Signature of Parent(s):	Date:
Signature of Senior Advisor:	Date:
Signature of person completing background:	Date:
Signature of person completing JJIS:	Date:

MARION COUNTY SHERIFF'S OFFICE EXPLORER REFERENCE FORM

Name:						
Address:						
			Phone:		Personal:	
Occupation:			Phone:		Developed	
Re:			MCSO #:			
Interview By:	Personal Contact		Telephone	Letter	Teletype	

How long have you known the applicant?		
In what capacity?		
For what time period?	From:	To:

Please rate the following: (Please comment on Marginal & Unfavorable ratings in comment section.)

	Favorable	Marginal	Unfavorable	Unknown
Integrity:				
Reliability:				
Judgment:				
Maturity:				
Stability:				
Moral Character:				
Loyalty:				
Appearance:				

	Yes	No	Explain:
Are you aware of any prejudiced opinions held by the applicant?			
Are there any circumstances that might appear to disqualify the applicant from being a Explorer?			
To your knowledge, has the applicant ever been in any difficulty with a police agency?			
Have you ever known the applicant to use illegal Drugs?			
Have you ever known the applicant to consume alcoholic beverages?			
Would you recommend the applicant for a position of trust with the Marion County Sheriff's Office?			

Who else knows the applicant (Name/contact number):

Additional comments:

Conducted by:	Date:
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MARION COUNTY SHERIFF'S OFFICE EXPLORER REFERENCE FORM

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Address:						
			Phone:		Personal:	
Occupation:					Phone:	Developed
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Additional comments:

Conducted by:	Date:
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MARION COUNTY

SHERIFF'S OFFICE

**MINOR CHILD'S ACKNOWLEDGEMENT AND
RELEASE – PARTICIPATION IN
DEPUTY EXPLORER PROGRAM**

**NOTICE TO THE MINOR CHILD'S
NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF WILLIAM "BILLY" WOODS, IN HIS OFFICIAL CAPACITY AS SHERIFF OF MARION COUNTY, THE MARION COUNTY SHERIFF'S OFFICE, AND HIS/ITS AGENTS AND EMPLOYEES, USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER WILLIAM "BILLY" WOODS, IN HIS OFFICIAL CAPACITY AS SHERIFF OF MARION COUNTY THE MARION COUNTY SHERIFF'S OFFICE, AND HIS/ITS AGENTS AND EMPLOYEES, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL

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Billy Woods, Sheriff



MARION COUNTY

SHERIFF'S OFFICE

PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND WILLIAM "BILLY" WOODS, IN HIS OFFICIAL CAPACITY AS SHERIFF OF MARION COUNTY AND THE MARION COUNTY SHERIFF'S OFFICE, HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

This instrument is a complete waiver and release of any claim you and your parent/guardian may have if the below-named juvenile is injured while participating in the Deputy Explorers Program with the Marion County Sheriff's Office. **Please do not sign this instrument until you have read it in its entirety, understand it and agree to its terms.**

We (the below-named parent/guardian and juvenile) acknowledge that we have completely read this release and hold harmless agreement and fully understand its contents. We knowingly and voluntarily execute this release with the express intention of extinguishing any obligations, claims and causes of action as herein set forth to the maximum extent allowable by law.

By our signature on this Release, we (the below-named parent/guardian and juvenile) knowingly and voluntarily, hereby release and forever discharge BILLY WOODS, individually, and as SHERIFF of MARION COUNTY, FLORIDA, and the MARION COUNTY SHERIFF'S OFFICE, his/her/their employees, administrators, agents, assigns, employers, heirs, executors, firms and corporations from any and all claims, obligations, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, known and unknown, both to the person and property, which may result, or in the future develop, from my participation in the Deputy Explorers Program at the Marion County Sheriff's Office. It is my intention that this release be binding on the juvenile, his parents/guardians, and any spouse, heirs and assigns, Personal Representative(s) and estate. This agreement shall bind the participating juvenile and his/her parent/guardian so long as the juvenile is participating in the Deputy Explorer's Program, including after the juvenile reaches the age of majority or is emancipated.

We further represent that the juvenile is in good physical health and that we know of no known medical problems which would prevent the juvenile from physical participating in the Deputy Explorers Program or which increase risk to the juvenile as a result of participation in this program. We understand that physical participation in the Deputy Explorers Program may be

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Billy Woods, Sheriff



MARION COUNTY

SHERIFF'S OFFICE

Print Juvenile Participant's Name

Print Parent/Guardian Name

Participant's Signature (date)

Parent/Guardian Signature

School Representing (If applicable)

(STATE OF FLORIDA)
(COUNTY OF MARION)

The foregoing Juvenile Acknowledgement and Release – Participation in Deputy Explorers Program, was acknowledged before me this ____ day of _____, 20 ____, by the above-named **Juvenile Participant**, who is personally known to me or has produced _____ as identification and who, being duly sworn, acknowledged they are the parent or legal guardian of the above-named Juvenile Participant, and further acknowledged he/she executed this agreement for the purposes set forth therein.

NOTARY PUBLIC (Signature)

NOTARY'S NAME (PRINTED/STAMPED)
My Commission Expires: _____

(STATE OF FLORIDA)
(COUNTY OF MARION)

The foregoing Juvenile Acknowledgement and Release – Participation in Deputy Explorers Program, was acknowledged before me this ____ day of _____, 20 ____, by the above-named **Parent/Guardian**, who is personally known to me or has produced _____ as identification and who, being duly sworn, acknowledged they are the parent or legal guardian of the above-named Juvenile Participant, and further acknowledged he/she executed this agreement for the purposes set forth therein.

NOTARY PUBLIC (Signature)

NOTARY'S NAME (PRINTED/STAMPED)
My Commission Expires: _____

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Billy Woods, Sheriff



MARION COUNTY

SHERIFF'S OFFICE

physically and/or mentally demanding and that the juvenile may suffer injury or death and does so at his/her/our own peril. We agree to notify the Marion County Sheriff's Office of any physical or medical issues that may prevent the juvenile from participating in the program or which increase risk to the juvenile as a result of participation in this program.

We understand that the Deputy Explorers Program's activities include, but are not limited to: Use of obstacle courses and obstacle course facilities; Use of rappel towers; Use of physical fitness/gym facilities; Participation in fitness challenges and other strenuous and vigorous exercise; Self-defense courses and defensive tactics instruction; Exposure to oleoresin capsicum (OC) and an oleoresin capsicum (OC) training program; Ride-alongs with law enforcement officers and shadowing corrections officers as they engage in performance of their duties; Firearms training and competition; and Travel to-and-from and related to these activities.

We understand that participation in these activities may result in one or more of the following:

1. The juvenile being placed in situations and environments that are not reasonably foreseeable, and which are by their very nature unpredictable, inherently dangerous, and life-threatening;
2. The juvenile coming into contact with persons who may be armed and dangerous, or who may otherwise seek to inflict injuries or death upon others through various means;
3. The juvenile dying or sustaining serious bodily injury, including permanent disability, permanent disfigurement, and paralysis;
4. The juvenile sustaining other injuries, including but not limited to sprains, strains, fractures, broken bones, over-use syndrome, animal bites, tick bites, and stings;
5. Contact with and exposure to extreme weather and outdoor environments, poisonous plants, controlled substances, poisons, toxins, dangerous chemicals, biological hazards, infectious diseases, and explosives;
6. Injuries to the juvenile that may result from participation in any of the above activities, including injuries that arise out of accidents involving climbing, hiking, running, obstacles, and other physical activities, and other injuries resulting from falls, contact with other participants, weather, traffic, conditions of the road, motor vehicle accidents, and use of firearms;
7. The need to undergo first-aid and other emergency medical treatment, in critical environments, using limited supplies, and being performed by persons who are not licensed to practice medicine; and
8. Spending time in confined locations and other places where social distancing is impossible and where there is an increased risk of contracting COVID-19 or other infectious diseases.

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Billy Woods, Sheriff

PO Box 1987, Ocala, Florida 34478-1987 Main Office: 352-732-8181 Civil: 352-402-6025 Emergency Management: 352-369-8100 Jail: 352-351-8077